



Rahm Emanuel  
Mayor

Department of Police • City of Chicago  
3510 South Michigan Avenue • Chicago, Illinois 60653

Garry F. McCarthy  
Superintendent of Police

December 2, 2011



As per your request I am faxing over documents pertaining to the Hair/Nail Sample test with the results from Psychemedics Corporation for reference Log number 1049917. I am also faxing additional information that was recently submitted by the Department Member for evaluation.

Please contact me for clarification if needed at 312-745-6310.

Thank you,

A handwritten signature in black ink, appearing to read "Sgt Solis 1127".

Sergeant Marcella S. Solis, Star 1127  
Chicago Police Department  
Bureau of Internal Affairs  
General Investigations Section  
3510 S. Michigan Ave  
Chicago, IL 60653

Attached: 10 documents

**C.R.#**  
**ATTACHMENT**

Emergency and TTY: 9-1-1 • Non Emergency and TTY: (within City limits) 3-1-1 • Non-Emergency and TTY: (outside City limits) (312) 746-6000

E-mail: [police@cityofchicago.org](mailto:police@cityofchicago.org) • Website: [www.cityofchicago.org/police](http://www.cityofchicago.org/police)

CPD 0021582

**HAIR/NAIL SAMPLE TEST AFFIDAVIT**  
**CHICAGO POLICE DEPARTMENT**

INSTRUCTIONS: Prepare in duplicate. Forward the original (white) to the Random Drug Testing Unit; (yellow) copy to examinee.

Donor I.D. verified

☒ Photo I.D. by

M. Colon

☐ Employee Representative

Signature of Employee Representative

**PART I -**

On the 2 day of Nov, 11, at 12:18pm

(Time)

(Print name)

provided a sample of my hair/nails to be tested for drugs.

I certify that:

A. I am the examinee.

B. The control number is

HA110749

C. I witnessed the sample collector clean the hair clip and scissors prior to my sample being taken.

D. I witnessed the sample collector,

M. Colon

seal my hair/nails sample into an Acquisition Card, secure this card with an integrity seal, and seal the Acquisition Card in a plastic pouch, which I have initialed and dated.

E. The hair/nail contained in this sample are mine.

Signature

Star No.

Collector's Signature

Star No.

**PART II -**

The pouch containing my hair/nail sample was secured in the locked Random Drug Testing Unit refrigerator by the above sample collector.

(Initials)

(Date)

(Time)

**PART III -**

I attest that the sample pouch with Control No. \_\_\_\_\_ was placed in a courier pouch, delivered by me to \_\_\_\_\_, for shipment to the Psychomedics Corporation via the express courier on \_\_\_\_\_ at \_\_\_\_\_

(Date)

(Time)

(Signature)

(Date)

(Time)

Driver's Initials

C.R.#

**ATTACHMENT**

PSYCHEMEDICS FORENSIC DRUG TEST CUSTODY AND CONTROL FORM - INITIAL TEST



N277312



CHIAPP

Client Code (if other than printed)

STEP 1: Completed by Collector. Have donor sign Step 3 on Page 2.

( 311 - HAIR CORPORATE )

A. Sample Collected For: CHICAGO POLICE DEPARTMENT (APPLICANTS) [10009369]

RICARDO RIVERO  
DRUG TESTING UNIT  
3510 S. MICHIGAN AVE., RM 1087 SW  
CHICAGO, IL 60653  
PHONE (312)745-5053 FAX (312)745-6810

B. Donor Identification

Donor or Employee ID #: HA110749  
18 CHARACTERS MAXIMUM - Must Match Donor ID on Sample Acquisition Card (SAC)

C. Reason for Test: ☒ Pre-Employment ☐ Random ☐ Other (Specify) \_\_\_\_\_

D. Donor ID Verified ☒ Photo ID ☐ Employer Representative \_\_\_\_\_  
Signature of Employer Representative

E. Drug Tests to be Performed ☒ Cocaine, Opiates, PCP, Amphetamines, Marijuana ☐ Other (Specify) \_\_\_\_\_

F. Collection Site: [ 10009369 ]  
CHICAGO POLICE DEPARTMENT (APPLICANTS) 3510 S. MICHIGAN AVE., CHICAGO, IL 60653  
Collection Facility Name Street Address  
City State Zip Phone (Area Code) + Number Collection Site Code  
Bill Collection To: ☐ TPA ☐ Lab ☐ Client

STEP 2: Collector copies Donor or Employee ID # from CCF to SAC (envelope); Collector completes information on Integrity Seal and SAC EXCEPT Donor's Initials; Collector obtains sample from donor and places sample in SAC in accordance with procedures.

Source of Sample: Hair from ☒ Head ☐ Chest ☐ Underarm/s ☐ Leg/s ☐ Other \_\_\_\_\_  
Must specify approval code

Collector affixes signed Integrity Seal to SAC; Collector removes Bar Code from CCF and affixes it to SAC.

STEP 3: Donor initials SAC; Donor signs Donor Certification.

I certify that I am the test subject, that the sample contained in the envelope is my sample, that it was cut close to the skin, and I witnessed the sample collector seal the sample in the envelope. I consent to the testing of the sample by Psychemedics Corporation and to the release of the test results to the named test result recipient. In consideration of the testing of my sample, where authorized by law, I hereby release Psychemedics Corporation, its officers, employees, agents and representatives from any and all liabilities arising from the testing or the reporting of my results to the authorized recipient and the recipient's use thereof.

Donor Signature Donor Printed Name Phone Number(s)

STEP 4: Chain of Custody - Initiated by Collector and Completed by Laboratory.

Collector Remarks:  
1. the collector, certify that the enclosed sample was obtained with the consent of the donor, that proper identification of the donor was made, that the appropriate authorization was obtained from the donor for disclosure of the results to the above named result recipient, and that the sample was prepared for release to the delivery service transferring sample to the lab.

M. COLON  
Print Collector Name

NOV 02 2011  
Date (example Jan-01-2008)

M. Colon  
Signature of Collector

C.R.#  
ATTACHMENT

STEP 6: Completed by MRO

I have reviewed the laboratory results for the specimen identified by this form in accordance with applicable requirements. My determination/verification is: ☐ Negative ☐ Positive ☐ Test Cancelled

Remarks \_\_\_\_\_

Print Medical Review Officer Name

Signature of MRO

Date (Month/Day/Year)

Voice: (312) 745-5053 / Fax: (312) 745-6819

Sgt Tracey Sanders  
CHICAGO POLICE DEPARTMENT (APPLICANTS)  
Drug Testing Unit  
3510 S. Michigan Ave., RM 1087 SW  
CHICAGO IL 60653

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Client Code: [REDACTED]  
Entity ID: [REDACTED]  
CCF ID: [REDACTED]

Date Collected: 11/02/2011  
Date Received: 11/04/2011  
Date Reported: 11/09/2011  
Test Use: Pre-Employment

Lab ID: 117363521  
Subject ID: HA110749  
Sample Length: 0 to 3.9cm

**Drug:** **Result:** **Screening Cutoffs:** **Mass Spec Cutoffs:**

<b>COCAINE</b>	<b>Mass Spec POSITIVE</b>	<b>5 ng/10mg</b>	<b>5 ng/10mg</b>
Parent drug and Metabolites present			
Cocaine:	Positive	14 ng/10mg	
Benzoylcegonine:	Positive	3.5 ng/10mg	
Cocaethylene:	Positive	4.6 ng/10mg	

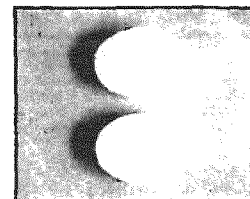
<b>OPIATES</b>	<b>Negative</b>	<b>2 ng/10mg</b>
<b>PHENCYCLIDINE (PCP)</b>	<b>Negative</b>	<b>3 ng/10mg</b>
<b>AMPHETAMINES</b>	<b>Negative</b>	<b>5 ng/10mg</b>
<b>MARIJUANA</b>	<b>Negative</b>	<b>2 ng/gm</b>

- Sample received with Chain of Custody Intact.
- A "Negative" result means that the drug was not detected in an amount that meets or exceeds the cutoff. A "Positive" result means that the drug was detected in an amount that meets or exceeds the Mass Spec cutoff.
- Technical questions concerning these results should be directed to the Laboratory Director. Please contact your Client Services Representative for assistance.

*I certify that the sample identified by the Lab Identification Number on this result has been examined upon receipt, handled and analyzed in accordance with applicable procedures, and that the results set forth above are for that specimen.*

  
Ping Guan

**C.R.#**  
**ATTACHMENT**

**DRUG NAME: METHYLPREDNISOLONE 4MG DOSEPAK**

medication. If you are exposed to these infections, seek immediate medical attention. If you have a history of ulcers or take large doses of aspirin or other arthritis medication, limit alcoholic beverages while taking this drug. Alcohol may increase the risk of stomach/intestinal bleeding. If you have diabetes, this drug may increase your blood sugar levels. Check your blood glucose levels regularly as directed by your doctor. Tell your doctor immediately if you have symptoms such as increased thirst and urination. Your anti-diabetic medication or diet may need to be adjusted. Caution is advised when using this drug in the elderly because they may be more sensitive to its side effects, especially osteoporosis. Talk with your doctor about ways to prevent bone loss. This medication may slow down a child's growth if used for a long time. Consult the doctor or pharmacist for more details. See the doctor regularly so your child's height and growth can be checked. This medication should be used only when clearly needed during pregnancy. There have been rare reports of harm to an unborn baby when corticosteroids are used during pregnancy. Discuss the risks and benefits with your doctor. Infants born to mothers who have been using this medication for an extended time may have low levels of corticosteroid hormone. Tell your doctor immediately if you notice symptoms such as persistent nausea/vomiting, severe diarrhea, or weakness in your newborn. This medication passes into breast milk and is unlikely to harm a nursing infant. Consult your doctor before breast-feeding.

**DRUG INTERACTIONS:** (See also the How to Use section). The effects of some drugs can change if you take other drugs or herbal products at the same time. This can increase your risk for serious side effects or may cause your medications not to work correctly. These drug interactions are possible, but do not always occur. Your doctor or pharmacist can often prevent or manage interactions by changing how you use your medications or by close monitoring. To help your doctor and pharmacist give you the best care, be sure to tell your doctor and pharmacist about all the products you use (including prescription drugs, nonprescription drugs, and herbal products) before starting treatment with this product. While using this product, do not start, stop, or change the dosage of any other medicines you are using without your doctor's approval. Some products that may interact with this drug include live vaccines, aldesleukin, large doses of aspirin and aspirin-like drugs (such as salicylates), birth control pills, blood thinners (such as warfarin), bupropion, cyclosporine, drugs for diabetes, drugs that cause potassium loss (such as amphotericin B, hydrochlorothiazide, furosemide), estrogens, mifepristone, natalizumab, nonsteroidal anti-inflammatory drugs (NSAIDs such as indomethacin, ibuprofen), herbal products (e.g., licorice). Other medications can affect the removal of methylprednisolone from your body which may affect how methylprednisolone works. Examples include azole antifungals (such as ketoconazole), macrolide antibiotics (such as erythromycin), rifampin, certain anti-seizure medications (such as phenytoin and phenobarbital), among others. Check all prescription and nonprescription medicine labels carefully since many medications contain pain relievers/fever reducers (NSAIDs such as aspirin, ibuprofen, or naproxen) that may increase the risk of stomach bleeding from this drug. Low-dose aspirin should be continued if prescribed by your doctor for specific medical reasons such as heart attack or stroke prevention (usually at dosages of 81-325 milligrams per day). Consult your doctor or pharmacist for more details. This product may interfere with certain lab tests (including skin tests), possibly causing false test results. Make sure laboratory personnel and your doctors know you use this drug. This document does not contain all possible drug interactions. Keep a list of all the products you use. Share this list with your doctor and pharmacist to lessen your risk for serious medication problems.

**OVERDOSE:** If overdose is suspected, contact your local poison control center or emergency room immediately. US residents can call the US national poison hotline at 1-800-222-1222. Canadian residents should call their local poison control center directly.

**NOTES:** Do not share this medication with others. Laboratory and/or medical tests (e.g., blood counts, blood glucose/mineral levels, blood pressure, bone density tests, height/weight measurements, eye examinations, x-rays) should be performed periodically to monitor your progress or check for side effects during long-term therapy. Consult your doctor for more details. Lifestyle changes that help reduce the risk of bone loss (osteoporosis) during long-term therapy include weight-bearing exercise, adequate calcium and vitamin D, stopping smoking, and limiting alcohol. Discuss lifestyle changes that might benefit you with your doctor. If you take this medication for prolonged periods, you should wear or carry identification stating that you are taking it.

**MISSED DOSE:** If you are using this medication once daily and miss a dose, take it as soon as you remember. If it is near the time of the next dose, skip the missed dose and resume your usual dosing schedule. Do not double the dose to catch up. If you are using the tapered dose pack or if you take this medication every other day, ask your doctor what you should do if you miss a dose.

**STORAGE:** Store at room temperature between 68-77 degrees F (20-25 degrees C) away from light and moisture. Do not store in the bathroom. Keep all medicines away from children and pets. Do not flush medications down the toilet or pour them into a drain unless instructed to do so. Properly discard this product when it is expired or no longer needed. Consult your pharmacist or local waste disposal company for more details about how to safely discard your product.

**MEDICAL ALERT:** Your condition can cause complications in a medical emergency. For enrollment information, call MedicAlert.

**C.K.#****ATTACHMENT**

**Oscodrug**

Rx#: [REDACTED] - 0 - 032

Drug: [REDACTED]

Phone: [REDACTED]

Qty: 21

\$10.00

NDC#: [REDACTED] Fill Date: 10/12/2011

We can call your doctor for a refill. Please ask.

BC1L621

Paid

N

**Oscodrug**

Rx#: [REDACTED] - 0 - 032

Drug: [REDACTED]

Phone: [REDACTED]

Qty: 21

\$10.00

NDC#: [REDACTED] Fill Date: 10/12/2011

We can call your doctor for a refill. Please ask.

BC1L621

Paid

N

**Oscodrug**

Rx#: [REDACTED] - 0 - 032

Drug: [REDACTED]

Phone: [REDACTED]

Qty: 60

\$4.96

NDC#: [REDACTED] Fill Date: 10/12/2011

We can call your doctor for a refill. Please ask.

N

**Oscodrug**

Rx#: [REDACTED] - 0 - 032

Drug: [REDACTED]

Phone: [REDACTED]

Qty: 60

\$4.96

NDC#: [REDACTED] Fill Date: 10/12/2011

We can call your doctor for a refill. Please ask.

N

THANK YOU FOR CHOOSING.....

**Oscodrug**

TOTAL AMOUNT DUE:

\$14.96

GRACE CORRAO

TOTAL PRESCRIPTIONS IN ORDER:

2

C.R.#

ATTACHMENT

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

Page 1 of 1

CPD 0021587

CADISTA MethylPREDNISolone Tablets USP, 4 mg

Each tablet contains 4 mg of methylprednisolone, USP.

Keep patient under close observation of a physician.

See package insert for complete product information.

Store at 20° to 25° C (68° to 77° F) [See USP Controlled Room Temperature].

**Oscodrug**



It is very important that you take or use this exactly as directed. Do not skip doses or discontinue unless directed by your doctor.

Obtain medical advice before taking non-prescription drugs as some may affect the action of this medication.



Orig: 10/12/11 Refills: 0 By: 10/11/12 Qty: 21 RPh: BS-CJF-RRS  
Cadista Pharmaceuticals Inc.  
Salisbury, MD 21801, USA

Rev. 02/09



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ATTACHMENT